

KEEPING AN INDIVIDUAL'S PRIORITY FOR THE WAIVER

“DON'T LET THEM BE DISCHARGED”

The Waiver Regulation for Priority

The Selection for participation is as follows:

- a) In order of waiver application determination date for persons determined to have successfully applied for the waiver, but who through administrative error were or are inadvertently omitted from the Waiver wait list**

The Waiver Regulation for Priority

- b) In order of waiver application determination date of persons for whom waiver services are necessary to permit discharge from an institution, i.e., ICF residents, Nursing Facility residents, and Arkansas State Hospital patients; or admission to Supported Living Arrangements (group homes and apartments)**

The Waiver Regulation for Priority

c) In order of date of Department of Human Services (DHS) custodian choice of waiver services for eligible persons in the custody of the DHS Division of Children and Family Services or DHS Adult Protective Services.

The Waiver Regulation for Priority

**d) In order of waiver application
determination date for all other persons**

A Person loses priority if...

- **They are discharged from ASH/Nursing Facility/ICF before they have waiver services in place!**
 - **Even if they have chosen waiver services**
 - **Even if they have completed an application**
 - **Even if they have chosen providers**
 - **Even if providers have been working with them to set up their waiver services**
- **Their completed application would get them on the regular waiting list**

PRIORITY CATEGORIES

PRIORITY TRANSITIONS

- ▶ **FROM ICF'S (Like an HDC or a private facility) TO WAIVER**
- ▶ **FROM NURSING FACILITIES TO WAIVER**
- ▶ **FROM ASH TO WAIVER**

The Process

- **The following slides identify the process for an individual to transition from a facility to the waiver without losing their priority**

Before anything...

- **The individual (or parent/legally responsible party) desiring waiver services must choose waiver services with a completed DDS ACS 102 form**

Know that.....

- Anybody who chooses Waiver services with a completed DDS ACS 102 must then apply
- Applications can be initiated by a variety of people:

Individual

Facility Transition Coordinator

Friend Parent/Legal Guardian

Social Services Director DCFS Caseworker

Community Outreach Coordinator Sibling

Social Worker

From there....

- **Adults** are referred to and their application is facilitated by the Intake and Referral Unit out of the Quality Assurance Department. Phone numbers 501-682-8678 or 501-683-5687
- **Children** are referred to and their application is facilitated by DDS Children's Services and the assigned Service Coordinator. Phone number 501-682-2277

No matter what.....

**An Application must be fully
complete**

The Application Unit may have to go “back and forth” with the Intake and Referral Unit or the Children’s Services Coordinator to make sure the Application is complete, but they don’t go “back and forth” with the people identified on slide 10 regarding an application

OK, the Application is complete..

- **Complete application received by Application Unit**
- **If ICF Level of Care is in place (proven by a DHS 704) if no 704, Waiver Application Unit sends Psychological Information to the DDS Psychology Team for determination of ICF Level of Care eligibility**

Psych does their thing....

- **Once the Psychology Team has all the information they need (if they need more info, they coordinate that with the Application Unit) and ICF level of care eligibility is determined to be in place, they notify the Waiver Unit with the 704.....**

....who in turn....

.....send the Medicaid Income Eligibility information to the DDS Medicaid Unit for determination of Medicaid Income Eligibility.....

MIEU says “good to go”

- **Once the Medicaid Income Eligibility unit determines the individual is eligible, they issue a 3330 back to Waiver Application Unit**

Medicaid eligibility information will have to be updated if the previous ICF eligibility determination took more than 45 days from the date the Medicaid application is signed

Then...

- **Once Income Eligibility is determined and has been communicated back to the Waiver Application Unit, the Waiver Application Unit notifies the applicable Waiver Area Manager that the individual is eligible and for the Area Manager or the designated Specialist to offer choice of Case Management and Direct Service providers to initiate Person Centered Service Plan meeting for discharge planning, etc.**

Choice is made....

- **Area Manager advises Waiver Application Unit of provider choice once it has been indicated and documented.**

Question: If the individual won't be transitioning from the facility within 45 days since MIEU established income eligibility.....what?

Then.....

**That's right, Medicaid Income Eligibility
has to be redone**

Now we're ready....

- **Waiver Application Unit notifies Waiver Administrator that eligibility process is complete with provider choice accomplished**
- **Waiver department issues Interim Plan of Care (IPOC) to chosen providers for, generally, 3 months to note Plan of Care year anniversary and due dates and other date milestones...but for no money if Medicaid is paying for person's stay in facility**

Priority Transitions

- **If the individual is coming out of an HDC or Nursing Facility, the Provider works with facility, waiver staff, family, person, guardian, and establishes a Person Centered Service Plan (PCSP) with a coordinated discharge date**
- **Waiver services cannot begin until the ICF or nursing facility services end**

Remember for Priority Conversions...

- **If within the time frame from MIEU issuing the 3330 and actual discharge another 45 days has expired, Medicaid Income Eligibility will have to be re-determined and this will necessitate change in the Person Centered Service Plan and will change the coordinated discharge date**

For Priority Transitions that are coming out on the discharge date...

- **Waiver Area Manager or DDS Specialist approves Person Centered Service Plan or refers to Waiver Plan of Care Review Committee if request is for Pervasive Level of Care**

Priority Conversions (Exception to the Rule!)

- In exceptional priority cases where it is known the person is already eligible for ICF Level of Care and Medicaid, the case may be referred to the Area Manager to go ahead and offer choice of provider and execute discharge planning BEFORE the eligibility process is complete. While this will expedite discharge, it is risky in the event the person does not clear one or both steps of the eligibility process. Risky meaning a lot of work and the person cannot receive waiver services.**

Bear in mind.....

- IF AT ANY STEP OF THE PROCESS THE PERSON CHANGES THEIR MIND AND WANTS TO WITHDRAW, DDS WILL REQUEST THEY COMPLETE A 105 WITHDRAWAL FORM. THE PROCESS WILL END AND THE CASE WILL BE CLOSED. IF LATER THEY WANT TO PARTICIPATE AGAIN, THE APPLICATION PROCESS HAS TO BE RE-INITIATED MEANING ANOTHER DDS ACS 102 CHOICE FORM AND APPLICATION FROM INTAKE AND REFERRAL/CHILDREN'S SERVICE COORDINATOR
- PEOPLE RESIDING IN NURSING HOMES AND/OR ICF'S (HDC'S) ARE NOT TO GO ON A WAIT LIST. THEY ALL HAVE PRIORITY AND WE SIMPLY PROCESS AND GIVE THEM A SLOT AND BEGIN SERVICES AS SOON AS THE APPLICATION PROCESS IS COMPLETE. THIS WILL CONTINUE UNTIL AND UNLESS ALL SLOTS ARE FILLED. AT THAT TIME, THEN THE PERSON IN THE NF OR HDC WILL SIMPLY RECEIVE THE NEXT VACANCY DEPENDING ON TURNOVER.

REMEMBER SLIDE 6!!
